

New Hampshire Communicable Disease Report Form²⁰⁰⁴

-ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)
-ANTHRAX*
-BOTULISM*
-BRUCELLOSIS
-CAMPYLOBACTERIOSIS
-CHLAMYDIAL INFECTION, INCLUDING CHLAMYDIAL PELVIC INFLAMMATORY DISEASE (PID), PNEUMONIA, CONJUNCTIVITIS, CERVICITIS, AND URETHRITIS
-CHOLERA*
-COCCIDIOMYCOSIS
-CYCLOSPORA INFECTION
-CRYPTOSPORIDIOSIS
-DIPHTHERIA*
-EHRlichiosis
-ENCEPHALITIS, ARBOVIRAL ONLY*
-ESCHERICHIA COLI O157:H7 INFECTION AND OTHER SHIGA-TOXIN PRODUCING E. COLI
-FOOD POISONING*
-GIARDIASIS
-GONORRHEA, INCLUDING GONOCOCCAL OPHTHALMIA NEONATORUM, GONOCOCCAL PELVIC INFLAMMATORY DISEASE (PID), AND DISSEMINATED GONOCOCCAL DISEASE
-HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE*
-HANTAVIRUS PULMONARY SYNDROME*
-HEMOLYTIC UREMIC SYNDROME
-HEPATITIS, VIRAL: A*, B, E, G
-HEPATITIS, VIRAL: POSITIVE B SURFACE ANTIGEN IN A PREGNANT WOMAN
-HUMAN IMMUNODEFICIENCY VIRUS (MAY INCLUDE NAME)
-INVASIVE GROUP A/B STREPTOCOCCUS DISEASE
-LEGIONELLOSIS
-LEPROSY, HANSEN'S DISEASE
-LISTERIOSIS
-LYME DISEASE
-MALARIA
-MEASLES*
-MUCOPURULENT CERVICITIS (MPC)
-MUMPS*
-NEISSERIA MENINGITIDIS, INVASIVE DISEASE*
-NON-GONOCOCCAL URETHRITIS (NGU)
-PELVIC INFLAMMATORY DISEASE (PID), UNSPECIFIED
-PERTUSSIS*
-PLAGUE*
-PNEUMOCYSTIS PNEUMONIA
-POLIOMYELITIS*
-PSITTACOSIS
-RABIES IN HUMANS OR ANIMALS*
-ROCKY MOUNTAIN SPOTTED FEVER
-RUBELLA, INCLUDING CONGENITAL RUBELLA SYNDROME*
-SALMONELLOSIS
-SHIGELLOSIS
-SYPHILIS, INCLUDING CONGENITAL SYPHILIS SYNDROME
-TETANUS
-TOXIC-SHOCK SYNDROME (TSS) (STREPTOCOCCAL OR STAPHYLOCOCCAL)
-TRICHINOSIS
-TUBERCULOSIS DISEASE*
-TUBERCULOSIS INFECTION
-TYPHOID FEVER*
-TYPHUS FEVER
-VANCOMYCIN RESISTANT ENTEROCOCCI (VRE)
-VANCOMYCIN RESISTANT STAPHYLOCOCCUS AUREUS (VRSA)*
-YERSINIOSIS
-ANY CD4+ LYMPHOCYTE COUNT
-ANY UNUSUAL OCCURRENCE OR CLUSTER OF ILLNESS WHICH MAY POSE A THREAT TO THE PUBLIC'S HEALTH*

Disease _____

Patient's Name: _____ ☐ Male ☐ Female

Date of Birth: (M / D / YR) _____ Age: _____

Address: _____

City/Town: _____

State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Occupation/Employment: _____

Race

- ☐ White
☐ Black
☐ Asian /Pacific Islander
☐ Native Am./Alaskan Native
☐ Other
☐ Unknown

Ethnicity

- ☐ Hispanic
☐ Not Hispanic

Miscellaneous Information

(check all that apply)

- ☐ Pregnant
☐ Health Care Worker
☐ Nursing Home Resident / Worker
☐ Day Care Child / Worker
☐ Food Service Worker
☐ Deceased
☐ Hospitalized (if yes, where?) _____

Diagnosis date _____

Date of test _____

Type of test _____

Specimen Site

- ☐ Blood ☐ Cervix
☐ Urine ☐ Urethra
☐ Pharynx ☐ Rectum
☐ Other (specify) _____ ☐ Unknown

Treatment (STD's)

Date _____

Drug _____

Dosage _____

The STD/HIV Program can provide confidential partner counseling and **referral service** for your patient.

Do you want this service? ☐ YES ☐ NO

Provider Information

Reported by _____ Date _____

Physician _____

Facility _____

Address _____

City/Town _____ State _____ Zip: _____

Phone: _____



3 Ways to Report Communicable Disease in NH

Phone: Hotline (888)836-4971 or Office (603)271-4496

Fax: (603)271-0545 **Do not fax HIV/AIDS reports**

Mail: Department of Health and Human Services
Communicable Disease Surveillance & Control
29 Hazen Drive
Concord NH 03301

Diseases with an () should be reported within 24 hours. All others should be reported within 72 hours of diagnosis. NH RSA 141-C and He-P300 mandate that the listed communicable diseases are reportable by all physicians, labs and health care providers.